

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/744885**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		2		2		
5		2		2		
6		0		2		
7		0		2		
8		0		2		
9		0		2		
10		0		2		
11		0		2		
12	1		1			
13		0		2		
14	1		1			
15						
16		1				
17						
18		2				
19		2				
20		2				
21		2				
22		0		4		
23	1		1			
24						
25		1		2		
26	1		1			
27	1		1			
28		1		1		
29		2		2		
30		0		0		
31	1		1			
32						
33						
34		3		3		
35						
36						
37						
38						
39						
40	1		1			
41		1		1		
42						
43		3		3		
44		2		2		
45		0		0		
46		0		0		
47		0		0		
48		0		0		
49		0		0		
50	1		1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52	1		1			
53		3		3		
54		0		3		
55		0		3		
56	1		1			
57		1		1		
58		2		2		
59	1		1			
60						
61		1		1		
62		2		2		
63		0		5		
64		0		5		
65		0		5		
66		0		5		
67	1		1			
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			17			
TOTAL DEP.			3			
TOTAL CLAIMS			14			

Best Available Copy

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		1				
2	1		1				52	1		1			
3		1		1			53		3		3		
4		2		2			54		①		3		
5		2		2			55		①		3		
6		①		①			56	1		1			
7		1		1			57		1		1		
8		①		1			58		2		2		
9		①		1			59	1		1			
10		①		2			60	1		1			
11		1		1			61		1		1		
12	1		1				62		2		2		
13		①		2			63		①		5		
14	1		1				64		①		5		
15	1		1				65		①		5		
16		1		1			66		①		5		
17		1		1			67	1		1			
18		2		1			68						
19		2		2			69						
20		2		2			70						
21		2		2			71						
22		①		4			72						
23	1		1				73						
24			1				74						
25		1		2			75						
26	1		1				76						
27	1		1				77						
28		1		1			78						
29		1		1			79						
30		2		2			80						
31		①		①			81						
32	1		1				82						
33		1		1			83						
34		1		1			84						
35		3		3			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40	1		1				90						
41		1		15			91						
42		1		1			92						
43		3		3			93						
44		2		2			94						
45		3		3			95						
46		①		10			96						
47		①		10			97						
48		①		10			98						
49		①		10			99						
50	1		1				100						
TOTAL IND.		↓		↓			TOTAL IND.	17	↓	17	↓		↓
TOTAL DEP.		↓		↓			TOTAL DEP.	68	↓	129	↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	85		146			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy